

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046850 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 379 Primary Registration District No. 4560 Registrar's No. 32

FILED NOV 18 1963

1. PLACE OF DEATH a. COUNTY WRIGHT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, give TOWNSHIP only) NORWOOD		c. CITY OR TOWN NORWOOD	
c. FULL NAME OF (If NOT in hospital, give location) NORWOOD, Mo. - Home		d. STREET ADDRESS (If outside, give location) NONE	
3. NAME OF DECEASED (Type or print) First Edward Middle WALLACE Last CHEEVER		4. DATE OF DEATH Month OCT Day 31 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-22-1866
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL	
11a. FATHER'S NAME James Phiney Cheever		11b. MOTHER'S MAIDEN NAME Terusha Cushman	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		13. SOCIAL SECURITY NO. [REDACTED]	
14. NAME OF HUSBAND OR WIFE Margaret (Causen) Cheever		15. INFORMANT Margaret Cheever - Norwood, Mo.	
16. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myo Cordial De compensation		INTERVAL BETWEEN ONSET AND DEATH 3 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION NORWOOD, Mo.
21. I attended the deceased from 1950 to Oct 31, 1963 and last saw him alive on Oct 30, 1963		22. SIGNATURE Dr. Newton D. Neufeld	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11-2-1963	23c. NAME OF CEMETERY OR CREMATORY Thomas Cemetery
24. FUNERAL DIRECTOR CRAIG-Hurt Funeral Home		25. DATE RECD. BY LOCAL REG. 11-16-63	26. REGISTRAR'S SIGNATURE [Signature]

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

00-240-0113

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lewell C. Carney

Licensed Embalmer No. 4766

P. O. Address Mt. Grove,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.